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RESPONSE/ TRANSMITTAL FORM		Application Number	10/006,175
		Filing Date	12/4/01
		First Named Inventor	Capik
		Group Art Unit	2873
		Examiner Name	not assigned
Total Number of Pages in This Submission	8	Attorney Docket Number	Capik 2-8 (LCNT/123905)

RESPONSE/ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"><input type="checkbox"/> NOTICE TO FILE CORRECTED APPLICATION PAPERS (copy attached)</div> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</div>	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) -6 SHEETS <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">post card receipt</div>
		Remarks <div style="border: 1px solid black; padding: 5px; height: 40px;"></div>
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Firm or Individual name	EAMON J. WALL, REG. NO. 39,414
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